

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P98000019761  
 1. Entity Name  
**Simoe Management, Inc.**

**DO NOT WRITE IN THIS SPACE**

66408395

2. Principal Place of Business		3. Mailing Address	
3250 NW 30th St Miami, FL 33142		1602 NE 190th St NMBch, Florida 33179	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828115	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Trojeki Szymon**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1602 NE 190th St**  
 City: **NMBch, FL 33179**

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent also file if applicable. (NOTE: Registered Agent signature required when necessary)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Trojeki Szymon</b> <b>1602 NE 190th St</b> <b>NMBch, FL 33179</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports are true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE: Trojeki Szymon **Apr 3 25-04**

SIGNATURES ARE TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E0048 (1/201)